

RECEIVED
CENTRAL FAX CENTER

JUL 17 2007

FAX TRANSMISSION

DATE: July 17, 2007

PTO IDENTIFIER: Application Number 10/524,104-Conf. #3834
Patent Number

Inventor: Birkir SVEINSSON

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: BIRCH, STEWART, KOLASCH & BIRCH, LLP

Joe McKinney Muncy

PHONE: (703) 205-8026

Attorney Dkt. #: 3535-0138PUS1

PAGES (Including Cover Sheet): 12

CONTENTS: Fee Transmittal (1 page)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment and Reply to Restriction/Election Requirement (8 pages)
Charge \$60.00 to deposit account 02-2448
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (703) 205-8026 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

BIRCH, STEWART, KOLASCH & BIRCH, LLP

8110 Gatehouse Road, Suite 100 East, P.O. Box 747, Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 Facsimile: (703) 205-8050

RECEIVED
CENTRAL FAX CENTER

JUL 17 2007

PTO/SB/97 (03-07)

Approved for use through 07/31/2006, OMB 0561-0031
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/524,104

Attorney Docket No.: 3535-0138PUS1

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on July 17, 2007
Date



Signature

Sarah Beatty

Typed or printed name of person signing Certificate

Registration Number, if applicable

(703) 205-8000

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)**One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)****Amendment and Reply to Restriction/Election Requirement (8 pages)****Charge \$60.00 to deposit account 02-2448**

RECEIVED
CENTRAL FAX CENTER

JUL 17 2007

PTO/SB/17 (07-07)

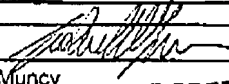
Approved for use through 06/30/2010, OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known Application Number 10/524,104-Conf. #3834 Filing Date February 10, 2005 First Named Inventor Birkir SVEINSSON Examiner Name S. X. Wen Art Unit 1609 Attorney Docket No. 3535-0138PUS1	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	60.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							300
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
11		- 20 =	0	x	Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
3		- 4 =	0	x			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
	- 100 =	/50 =		(round up to a whole number) x			
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2251 Extension for response within first month							60.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	32,334
Name (Print/Type)	Joe McKinney Muncy	Telephone	(703) 205-8026
		Date	July 17, 2007

ROBERT F. GWUSE
Registration # 27295